TAXABLE YEAR

2009

CALIFORNIA FORM

# Resident and Nonresident Withholding Tax Statement

592-B

|  | Copy A FOR WITHHOLDING AGENT'S RECORDS                       |
|--|--|
| Part I Recipient   |  |
| Name of Recipient  | SSN or ITIN  |
|  |  |
| Address (including suite, room, PO Box, or PMB no.)  | ☐FEIN ☐ CA Corp no.  |
| City   | ate ZIP Code   |
| City St  | ate ZIP Gode   |
| Doub II Withholding Agent  |  |
| Part II Withholding Agent  Name of Withholding Agent (Payer/S Corporation/Partnership/LLC/Trust) | ISSN or ITIN   |
| Name of Withholding Agent (Payer/3 Corporation/Partnership/LEC/Hust)                             | 330 011110   |
|  |  |
| Address (including suite, room, PO Box, or PMB no.)  | ☐ FEIN ☐ CA Corp no.   |
|  |  |
| City State ZIP Code  | Daytime telephone number                                     |
|  | _  |
| Part III Type of Income Subject to Withholding. Check the applicable box(es).                    |  |
| Part III Type of income Subject to withholding. Check the applicable box(es).                    |  |
| ☐ Payment to ☐ Payment to I/C ☐ Rents ☐ Estate ☐ Trust ☐ Allocations ☐ Distribu                  |  |
|  | estic (U.S.) (describe)                                      |
|  | ident S corporation<br>olders/Partners/Members/Beneficiaries |
| Part IV Tax Withheld   | ordere, rathere, membere, beneficiaries                      |
| Part IV Ida Willingiu  |  |
|  |  |
| 1 Total income subject to withholding  | 00   |
|  |  |
| 2 Total California tax withheld  | 2 00   |

### What's New

For taxable years beginning on or after January 1, 2009, the title for Form 592-B has changed from, Nonresident Withholding Tax Statement, to Resident and Nonresident Withholding Tax Statement, however, the filing requirements have not changed.

#### **General Information**

Registered Domestic Partners (RDP) – RDPs under California law must file their California income tax returns using either the married/RDP filing jointly or married/RDP filing separately filing status. RDPs have the same legal benefits, protections, and responsibilities as married couples unless otherwise specified.

If you entered into in a same sex legal union in another state, other than a marriage, and that union has been determined to be substantially equivalent to a California registered domestic partnership, you are required to file a California income tax return using either the married/RDP filing jointly or married/RDP filing separately filing status. For more information on what states have legal unions that are considered substantially equivalent, go to our website at **ftb.ca.gov** and search for **RDP**.

For purposes of California Income tax, references to a spouse, a husband, or a wife also refer to a California registered domestic partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

**Withholding Agent Instructions** 

Round Cents To Dollars – Round cents to the nearest whole dollar. For example, round \$50.50 up to \$51 or round \$25.49 down to \$25.

# A Purpose

For purposes of this form, the term, nonresident, refers to both domestic and foreign recipients. A domestic nonresident is a person living outside of California, but living in the United States. If you are a resident living outside of the United States, you are a foreign nonresident.

Use Form 592-B, Resident and Nonresident Withholding Tax Statement, to show the amount of income subject to withholding and tax. Complete a separate Form 592-B for each resident or nonresident. Pass-through entities which were withheld upon by another entity should use Form 592, Quarterly

Resident and Nonresident Withholding Statement, to flow-through the withholding to their S corporation shareholders, partners, members, or beneficiaries whether they are residents or nonresidents of California.

Use Form 592, to remit withholding payments during the year. To remit foreign partner withholding payments use Form 592-A, Foreign Partner or Member Quarterly Withholding Remittance Statement.

# B Common Errors / Helpful Hints

- Get identification numbers from all payees.
- Complete all fields.
- Complete Form(s) 592-B timely to avoid penalties.

# C Who Must Complete

Form 592-B must be completed by any person who:

- Has withheld on payments to residents or nonresidents.
- Is a pass-through entity that was withheld upon and must flow-through the withholding credit.

Give one copy of Form 592-B to the persons or entities withheld upon.

# **D** When To Complete

Form 592-B must be provided to:

- Each resident or nonresident before January 31 following the close of the calendar year.
- Foreign partners in a partnership or members in a limited liability company (LLC) on or before the 15th day of the 4th month following the close of the taxable year.

If all the partners in the partnership or members in the LLC are foreign, Form(s) 592-B must be provided on or before the 15th day of the 6th month after the close of the taxable year.

Copy A of Form 592-B is retained by the withholding agent.

Copy B of Form 592-B is provided to the recipient to file with their state tax return.

Federal law requires that payees be notified within 10 days of the quarterly installment payment date regarding any tax withheld. For California withholding purposes, withholding agents should make similar notification. No particular form is required for this notification, and it is commonly done on the statement accompanying the distribution or payment. However, the withholding agent may choose to report the tax withheld to the payee on a Form 592-B.

#### **E** Penalties

The withholding agent must furnish complete and correct copies of Form(s) 592-B to the recipient (vendor/payee) by the due date.

If the withholding agent fails to provide complete, correct, and timely Form(s) 592-B to the recipient (vendor/payee), the penalty per Form 592-B is:

- \$50 if provided late to the recipient.
- \$100 or 10% of the amount required to be reported (whichever is greater) if the failure is due to intentional disregard of the requirement.

# **Specific Instructions**

Year – Make sure the year in the upper left corner of Form 592-B represents the calendar year in which the withholding took place. However, if an S corporation's, partnership's, LLC's, or trust's current distribution represents a prior taxable year of California source income, attach a letter to that Form 592-B explaining that the distribution took place in the current withholding year, but was for a prior tax year. (Except for foreign partners, withholding of tax by withholding

agents must be on a calendar-year basis, regardless of the accounting period adopted by the vendor/payee or withholding agent.)

For foreign partners in a partnership, or foreign members in an LLC, make sure the year in the upper left corner of Form 592-B is the year that the partnership's or LLC's taxable year ended. For example, if the partnership's or LLC's taxable year ended 12/31/08, use the 2008 Form 592-B.

# Part I – Recipient

Enter the name, tax identification number, and address for the recipient (vendor/payee).

If the recipient is a **grantor trust**, enter the grantor's individual name and SSN or ITIN. **Do not enter the name of the trust or trustee information.** (For tax purposes, grantor trusts are transparent. The individual grantor must report the income and claim the withholding on the individual's California tax return.)

If the recipient is a **non-grantor trust**, enter the name of the trust and the trust's federal employer identification number (FEIN). **Do not enter trustee information**.

If the trust has applied for a FEIN, but it has not been received, zero fill the space for the trust's FEIN and attach a copy of the federal application behind Form 592-B. After the FEIN is received, amend Form 592-B to submit the assigned FEIN.

Only withholding agents can complete an amended Form 592-B. Upon completion, the withholding agent should provide Copy B to the recipient. If a recipient notices an error, the recipient should contact the withholding agent.

If the recipients are married/RDP, enter only the name and SSN or ITIN of the primary spouse/RDP. However, if the recipients intend to file separate California tax returns, the withholding agent should split the withholding and complete a separate Form 592-B for each spouse/RDP.

#### Part II – Withholding Agent

Enter the withholding agent's name, tax identification number, address, and telephone number.

**Private Mail Box** – Include the Private Mail Box (PMB) in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

# Part III – Type of Income Subject to Withholding

Check the box(es) for the type of income subject to withholding.

#### Part IV – Tax Withheld

#### Line 1

Enter the total income subject to withholding.

#### l ine 2

Enter the total California tax withheld. The amount of tax to be withheld is computed by applying a rate of 7% on items of income subject to withholding, i.e. interest, dividends, rents and royalties, prizes and winnings, premiums, annuities, emoluments, compensation for personal services, and other fixed or determinable annual or periodical gains, profits and income. For foreign partners the rate is 9.3%. For pass through entities, the amount withheld is allocated to partners, members, S corporation shareholders, or beneficiaries, whether they are residents or nonresidents of California, in proportion to their ownership or beneficial interest.

TAXABLE YEAR

2009

you must flow-through the entire amount to your

partners or members. Use Forms 592 and 592-B to

flow the withholding to your partners or members.

If you are an estate or trust, you must flow-through

the withholding to your beneficiaries if the related income was distributed. Use Forms 592 and

beneficiaries. If you did not distribute the income,

592-B to flow-through the withholding to your

CALIFORNIA FORM

# **Resident and Nonresident Withholding Tax Statement**

592-B

|  |  | Copy B FILE WITH THE STATE RETURN  |
|--|--|--|
| Part I Recipient   |  | ·  |
| Name of Recipient  |  | SSN or ITIN  |
| Address (including suite, room, PO Box, or PMB no.)  |  | □FEIN □CA Corp no.   |
| City   |  | State ZIP Code   |
|  |  |  |
| Part II Withholding Agent  |  |  |
| Name of Withholding Agent (Payer/S Corporation/Partne  | ership/LLC/Trust)  | SSN or ITIN  |
| Address (including suite, room, PO Box, or PMB no.)  |  | □FEIN □CA Corp no.   |
| City   | State ZIP Code   | Daytime telephone number   |
| Part III Type of Income Subject to Withholdin  | a. Check the applicable box(es).   |  |
| Payment to I/C Rents Independent Entertainer/ or Athletes/ Speakers  | Estate Trust Allocations Distributions Distributions to Foreign (non U.S.) Nonresident Partners/Me   | Distributions Other to Domestic (U.S.) (describe) embers Nonresident S corporation Shareholders/Partners/Members/Beneficiaries   |
| Part IV Tax Withheld   |  |  |
| 2 Total California tax withheld  | 613 7101094  |  |
| <b>*</b>   | — — — — DETACH HERE — — — —  | <del>-</del>   |
| Instructions for Recipient   | you must claim the withholding on the fiduciary return, Form 541, California Fiduciary Income Tax  | For information on requirements to file a California tax return or to get forms, call:   |
| This withholding of tax does not relieve you of the requirement to file a California tax return within three months and fifteen days (two months and fifteen days for a corporation) after the close of your taxable year.  You may be assessed a penalty if:  You do not file a California tax return.  You file your tax return late.  The amount of withholding does not satisfy your tax liability.  | Return.  If you are an S corporation, you can flow-through all of the withholding to your shareholders, claim a portion on your corporation return, Form 100S, California S Corporation Franchise or Income Tax Return, and flow-through the rest to your shareholders, or claim all of the withholding on the S corporation return. Use Forms 592 and 592-B to flow-through the withholding to your shareholders.  The amount shown as "Total income subject to   | From within the United States  |
| How to Claim the Withholding Report the income as required and enter the amount from line 2 above on your California tax return as real estate and other withholding or nonresident withholding. Attach the top portion of Form 592-B, Copy B to the lower front of your California tax return. Make a copy for your records. If you are a partnership or LLC, you may either flow-through the entire amount to your partners or members or claim the withholding, to the extent of your outstanding tax liability, on your tax return. If the withholding exceeds the amount of tax you still owe on your tax return, you must flow-through the | withholding" may be an estimate or may only reflect how withholding was calculated. Be sure to report your actual taxable California source income. If you are an independent contractor or receive rents or royalties, see your contract and/or Form 1099 to determine your California source income. If you are an S corporation shareholder, partner, member, or beneficiary of an S corporation, partnership, LLC, estate, or trust, see your California Schedule K-1 (100S, 565, 568, 541), Share of Income, Deductions, Credits, etc., issued by that entity to determine your California source income.  Additional Information | TAX FORMS REQUEST UNIT FRANCHISE TAX BOARD PO BOX 307 RANCHO CORDOVA CA 95741-0307  Assistance for Persons with Disabilities We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call: TTY/TDD |
| excess to your partners or members. If you do not have an outstanding balance on your tax return,  | For more information or to speak to a representative   | llame al   |

regarding this form, call the Withholding Services

and Compliance's automated telephone service at:

888.792.4900 or 916.845.4900 (not toll free).

WITHHOLDING SERVICES AND COMPLIANCE

FRANCHISE TAX BOARD

**SACRAMENTO CA 94267-0651** 

PO BOX 942867

#### Asistencia para Personas Discapacitadas

Nosotros estamos en conformidad con el Acta de Americanos Discapacitados. Personas con problemas auditivos o de habla pueden llamar al TTY/TDD 800.822.6268.

(cargos aplican)